



St. CATHARINE  
SCHOOL

St. Catharine School  
Scholarship Saints  
2018-2019 Pledge Form

I/we would like to support St. Catharine Scholarship Saints for 2018-2019 school year by making a gift/pledge of \$ \_\_\_\_\_ at the following donor level:

- ST. JOHN BOSCO (\$50+)
- ST. GEMMA GALGANI (\$100+)
- ST. JOHN BAPTIST DE LASALLE (\$250+)
- ST. THOMAS AQUINAS (\$500+)
- ST. THÉRÈSE OF LISIEUX (\$1,000+)
- ST. CATHARINE OF SIENA (\$2,500)

(check one)

- I/we wish to be listed on the Scholarship Honor Roll as: \_\_\_\_\_
- I/we would like this gift to remain **anonymous**.
- This gift is in honor/memory of: \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP DAY PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

SOCIAL MEDIA \_\_\_\_\_

(CHECK ALL THAT APPLY)

- I plan to give through a charitable foundation. I understand that I cannot accept tangible benefits.
- My gift is being matched by my employer: \_\_\_\_\_
- Please send me information on how to include St. Catharine School in my estate plans.
- St. Catharine School is already in my estate plans. Please send me information on attending periodic events.

This is my/our **One-Time** gift to the 2018-19 Scholarship Saints Fund

- Form of payment:  Check (Please make checks payable to: St Catharine School)
- Credit Card (see credit card registration below)
- VISA  MasterCard  AMEX
- Stock gift name: \_\_\_\_\_
- email [info@stcatharine.com](mailto:info@stcatharine.com) for stock-gift instructions

This is my/our **Monthly** gift to the 2018-19 Scholarship Saints Fund

- Total pledge amount: \$ \_\_\_\_\_
- Redeemed at: \$ \_\_\_\_\_ x \_\_\_\_\_ months
- Preferred months: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Form of payment  Credit Card
- VISA  MasterCard  AMEX

Payment on all recurring/monthly pledges should be completed no later than May 1, 2019

**Does Your Employer  
Match Gifts?**

DOUBLE OR EVEN  
TRIPLE YOUR GIFT.  
JUST REQUEST A  
MATCHING GIFT FORM  
FROM YOUR  
HR/BENEFITS  
DEPARTMENT,  
COMPLETE THE FORM,  
AND SEND IT IN WITH  
YOUR GIFT!

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please return the completed form to:**

Scholarship Saints Fund  
St. Catharine School  
500 S. Gould Road  
Columbus, OH 43209  
Or by FAX: (614) 231-8366

**Questions?**

Contact the St. Catharine Development Office  
(614) 231-4509 ext. 317  
Email: [info@stcatharine.com](mailto:info@stcatharine.com)